

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State: New Hampshire

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation  
42 CFR  
435.10 and  
Subpart J

2.1 Application, Determination of Eligibility and  
Furnishing Medicaid

- (a) The Medicaid agency meets all requirements of  
42 CFR Part 435, Subpart J for processing  
applications, determining eligibility, and furnishing  
Medicaid.

TN No. 91-23

Supersedes

TN No. 75-21

Approval Date

11/27/92

Effective Date 11/01/91

HCFA ID: 7982E

OFFICIAL